

# YOUTH SERVICES POLICY

<b>Title:</b> Performance Standards <b>Next Annual Review Date:</b> 12/15/2015	<b>Type:</b> C. Field Operations <b>Sub Type:</b> 5. Monitoring <b>Number:</b> C.5.5
<b>Page 1 of 4</b>	
<b>References:</b> La. R.S. 15:827; ACA Standards 2-CO-1A-06, 2-CO-1A-09, 2-CO-1A-20, 2-CO-1A-21, 2-CO-1A-22 (Administration of Correctional Agencies); 4-JCF-6A-09, 4-JCF-6A-10 (Performance-Based Standards for Juvenile Correctional Facilities); 2-7062 and 2-7086 (Juvenile Probation and Aftercare Services); YS Policy A.1.7 "Risk Management", A.2.18 "Criminal Record Check", A.2.24 "Staff Development and Training Plan", A.2. 55 "Time and Attendance", A.5.5 Data Warehouse", B.2.1 "Assignment, Reassignment, Release and Discharge of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.3 "Secure Care Direct Admission", B.2.12 "Fast Track Program", B.2.13 "Secure Care Early Release", B.2.14 "Secure Care SAVRY", B.2.15 "Substance Abuse Treatment Program", B.2.16 "Secure Care Sex Offender Direct Admission and Assessment", B.5.1 "Youth Code of Conduct – Secure Care", B.6.4 "Accident and Injury (A&I) Evaluations", B.7.1 "Education Policy", B.8.4 "Religious or Faith-Based Programs and Services", B.8.3 "Volunteer Services Program", B.8.11 "Pre-Release Process", B.8.12 "Secure Care Youth Orientation", C.1.7 "Crime Victims Registration and Notification", C.1.8 "Firearms Training", C.2.3 "Searches of Youth", C.2.4 "Searches of Employees", C.2.6 "Use of Interventions-Secure Care", C.2.7 "Youth Drug/Alcohol Testing Program", C.2.8 "Youth Visitation in Secure Facilities", C.5.3 "Quality Assurance Reviews, Central Office Audits, Secure Facilities and Regional Offices", C.5.6 Juvenile Electronic (JETS)", D.10.3 "Assignment of Cases, Reports and Other Activities"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> Mary L. Livers, Deputy Secretary	<b>Date of Approval:</b> 12/15/2014

## I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To utilize YS data collection processes to develop outcomes, analyze trends, identify weaknesses, develop baselines for use in budget projections, decision making, and to set future goals for the agency.

## III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, Facility Directors, Regional Managers, and designated Site Coordinators at the unit level.

#### IV. DEFINITIONS:

**Baseline** – Data gathered to provide a comparison for assessing program changes or impact.

**Continuous Quality Improvement Services (CQIS)** - The Central Office performance-based and results-driven competency and efficiency management system.

**Outcome Measure** - A measurement of events, occurrences, conditions, behaviors or attitudes that demonstrate the extent to which a desired condition has been achieved.

**Performance Indicator** - Quantifiable measurements that reflect the critical success factors of a program or organization.

**Performance Indicator Grid** - A guide used to collect data, including survey questionnaires, interview guides, observational checklists, and written record extraction forms.

**Process Measure** – A measurement that demonstrates the extent to which a program operates as intended.

**YS Performance Standard** - A written statement of the conditions that will exist when agency policy and procedure is followed.

#### V. POLICY:

It is the Deputy Secretary's policy that the Office of Juvenile Justice (OJJ) comply with YS' Performance Standards, and ensure data integrity as well as routine quality assurance. The prompt and accurate input of information into the applicable centralized databases utilized by YS, as well as the routine review and examination of the data, shall ensure reliability and a consistent degree of accuracy of the information.

A. YS' Secure Care Performance Standards, Performance Grids, and an Action Plan template can be accessed by logging on to YS SharePoint at: <http://oydcospss/default.aspx>; clicking on the "CQIS" link under the "OJJ Sites" category on the left of the page; then clicking on "QA Standards" under "Documents". The standards are categorized as follows:

1. Management and Accountability
2. Assessment and Intervention
3. Safety
4. Security
5. Medical Services
6. Education

- B. YS' Community-Based Services (CBS) Performance Standards can be accessed by logging on to YS SharePoint noted in A. above. The standards are categorized as follows:

1. Management and Accountability
2. Supervision
3. Security

**VI. PROCEDURES FOR SECURE CARE AND CBS:**

A. Data Collection

Data sources include:

1. Accident and Injury (A&I) database
2. Armorer Inspection Reports
3. CCS Monthly Medical Reports
4. Code of Conduct/Assaults database
5. Criminal Record Check
6. Data Warehouse
7. Education Monitoring
8. Human Capital Management – HCM (PSS/HR)
9. JETS
10. Safety Reports
11. Search Reports
12. Staff Climate Surveys
13. Supervisory Review Forms
14. TREC
15. Treatment Reviews
16. Unusual Occurrence Reports (UORs)
17. Youth Climate Surveys
18. Youth Exit Surveys

B. Central Office Data Collection

Data shall be collected on a monthly, quarterly or annual basis utilizing existing YS databases by designated Central Office staff. The frequency of collection shall occur as indicated on the applicable Performance Indicator Grid.

Data collection shall be completed by the 10th working day of the month, for the prior month's activity.

C. Unit Data Collection

Manual data shall be collected on a monthly or quarterly basis by the designated Site Coordinator at each unit.

The frequency of secure care collection shall occur as indicated on the Performance Indicator Grid - Secure Care located on YS Sharepoint as stated in section V.A above.

The frequency of CBS collection shall occur as indicated on the Performance Indicator Grid - CBS located on YS Sharepoint as stated in section V.B above.

Following data collection, the applicable Performance Indicator Grid shall be completed by the Site Coordinator at each unit and submitted to CQIS by the 10th working day of the month for the prior month's activity.

**D. Semi-Annual Reporting**

A Semi-Annual Performance Outcome Report of outcome and process measures shall be compiled, reported and presented to Executive Staff, Facility Directors and Regional Managers by the Chief of Operations by August 15<sup>th</sup> for the period January 1<sup>st</sup> – June 30<sup>th</sup>, and February 15<sup>th</sup> for the period July 1<sup>st</sup> – December 31<sup>st</sup>.

**E. Action Plan on Performance Outcome Reporting**

An Action Plan to address areas in need of improvement shall be submitted by the Facility Director/Regional Manager and appropriate Regional Director, to the Chief of Operations/CQIS and the Assistant Secretary within 30 days of receipt of the Semi-Annual Performance Outcome Report. An Action Plan template may be located on YS Sharepoint.

**VII. PERFORMANCE OUTCOMES AND GOALS:**

Yearly data shall be utilized to develop a baseline from which goals shall be established.

**VIII. STAFF DEVELOPMENT:**

Annual site coordinator meetings shall be held to review policy revisions related to Outcome Measure data collection and to revise the Outcome Measure data grid and processes as needed.

**Previous Regulation/Policy Number:** C.5.5

**Previous Effective Date:** 03/08/2012

**Attachments/References:**



C.5.5 (a) Attachment 3-7-12.xls



C.5.5 (b) Attachment 03-06-12.xlsx



C.5.5 (c) Action Plan Templet 2-8-12.docx